FEE DETERMINATION 10 10 12 20 10 12 20 10 1			(for additional cross refe	DATE		
D.I.P. CLASSIFIER	POSITION	IN! HALS	ib No.	DATE	-	
D.P.E. CLASSIFIER	FEE DETERMINATION	- AW		10-10-01		
Non-elected		1 1950	49			
NOEN OF CLAIMS		H.T.	1117	11/08/01	1 4	
Rejected N Interference A A Appeal Calcular A A Appeal A Appeal A Appeal Appeal A Appeal Appe			, , ,	11,7-2,7-3		
Rejected N				Past A	callable Const	
A A A A A A A A A A		INDEX OF	CLAIMS	Rest A	valiable Copy	
- (Through numeral) Canceled Restricted Claim	v	Rejected	N			
Restricted O	=	Allowed			17	
Claim	— (Inrough nu	neral) Canceled Restricted				
Sum Color Color	73					
10	Claim 1 Date	Claim			1	
State Stat		l lina l		la l		
St St St St St St St St	Pila Original	Orig		Oric Oric		
S	(J) / / / / / / / / / / / / / / / / / / /	51		101		
A			 			
5			+++++			
ST ST ST ST ST ST ST ST		55		105		
S			 			
S			┼┼┼┼┼┤┞	. 1		
10						
12						
13			 			
14			┤┤┤┤ ┤┞			
15		_	 			
17	15					
18						
19			┼┼┼┼┼			
21 V V				119		
Total Control Contro	20	70				
23						
24			┤┤┤┤ ┤			6
25						
28	25			125		
28			┤┤╏ ┤┤┤			**
79			- - - 	128		
30 V	29	79		129		
31	30 7		 	130		
38	9 32		┤ ┼┼┼┼┼┤	132		
34 134 35 85 36 135 37 88 39 136 39 136 40 137 41 90 41 92 43 94 44 94 45 96 46 97 47 98 49 146 49 99 100 148 146 148 147 148 148 149 150 100	38			133		7
35 36 37 38 87 37 38 88 39 39 39 30 39 30 39 30 30	34			134		
137	35		- - - - - -	136		Mary L
38 39 138 139 40 90 140 139 41 91 141 141 42 92 142 142 43 93 143 144 45 94 144 144 48 96 146 147 48 98 148 148 49 99 148 148 49 100 150 150	37			137		
39	38	88		138		
140	. 39			139		A L
42				141		1 3 kg
43 93 44 94 45 95 48 96 47 97 48 98 49 99 143 144 145 145 147 147 148 148 150 150				142		San of a
44 94 144 45 95 145 46 96 146 47 97 148 48 98 148 49 99 148 100 150	43	93		143		1. A
45	44			144		
48	45			146		
48 98 49 99 100 150	47		- - 	147		
49	48	98		148		
1	49		_ 	149		
	50		1 1 1 1 1 1 1	ב ב ב ב איין ו		

If more than 150 claims or 10 actions staple additional sheet here